

CRANDON NURSING HOME, THE  
105 WEST PIONEER, P.O. BOX 400

CRANDON 54520 Phone: (715) 478-3324

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 82

Total Licensed Bed Capacity (12/31/03): 82

Number of Residents on 12/31/03: 80

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 70

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		11.3
Supp. Home Care-Personal Care	No					1 - 4 Years		36.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	6.3	More Than 4 Years		38.8
Day Services	No	Mental Illness (Org./Psy)	40.0	65 - 74	15.0			----
Respite Care	No	Mental Illness (Other)	5.0	75 - 84	32.5			86.3
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	3.8	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	6.3		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.8		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	20.0	65 & Over	93.8	-----		
Transportation	No	Cerebrovascular	7.5		-----	RNs		14.7
Referral Service	No	Diabetes	5.0	Gender	%	LPNs		5.1
Other Services	No	Respiratory	6.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	5.0	Male	28.8	Aides, & Orderlies		
Mentally Ill	No		----	Female	71.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	257	61	98.4	116	0	0.0	0	12	92.3	126	0	0.0	0	0	0.0	78	97.5
Intermediate	---	---	---	1	1.6	97	0	0.0	0	1	7.7	126	0	0.0	0	0	0.0	2	2.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		62	100.0		0	0.0		13	100.0		0	0.0		0	0.0	80	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	23.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.6	Bathing	20.0	48.8	31.3	80
Other Nursing Homes	10.5	Dressing	21.3	35.0	43.8	80
Acute Care Hospitals	60.5	Transferring	46.3	27.5	26.3	80
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	41.3	28.8	30.0	80
Rehabilitation Hospitals	0.0	Eating	71.3	10.0	18.8	80
Other Locations	2.6	*****				
Total Number of Admissions	38	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.8	Receiving Respiratory Care	6.3	
Private Home/No Home Health	22.5	Occ/Freq. Incontinent of Bladder	36.3	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	2.5	Occ/Freq. Incontinent of Bowel	22.5	Receiving Suctioning	0.0	
Other Nursing Homes	7.5			Receiving Ostomy Care	0.0	
Acute Care Hospitals	2.5	Mobility		Receiving Tube Feeding	2.5	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	17.5	Receiving Mechanically Altered Diets	37.5	
Rehabilitation Hospitals	0.0					
Other Locations	5.0	Skin Care		Other Resident Characteristics		
Deaths	60.0	With Pressure Sores	1.3	Have Advance Directives	53.8	
Total Number of Discharges		With Rashes	8.8	Medications		
(Including Deaths)	40			Receiving Psychoactive Drugs	56.3	

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85.4	80.8	1.06	83.7	1.02	84.0	1.02	87.4	0.98
Current Residents from In-County	68.8	73.7	0.93	72.8	0.94	76.2	0.90	76.7	0.90
Admissions from In-County, Still Residing	39.5	19.8	2.00	22.7	1.74	22.2	1.78	19.6	2.01
Admissions/Average Daily Census	54.3	137.9	0.39	113.6	0.48	122.3	0.44	141.3	0.38
Discharges/Average Daily Census	57.1	138.0	0.41	115.9	0.49	124.3	0.46	142.5	0.40
Discharges To Private Residence/Average Daily Census	14.3	62.1	0.23	48.0	0.30	53.4	0.27	61.6	0.23
Residents Receiving Skilled Care	97.5	94.4	1.03	94.7	1.03	94.8	1.03	88.1	1.11
Residents Aged 65 and Older	93.8	94.8	0.99	93.1	1.01	93.5	1.00	87.8	1.07
Title 19 (Medicaid) Funded Residents	77.5	72.0	1.08	67.2	1.15	69.5	1.12	65.9	1.18
Private Pay Funded Residents	16.3	17.7	0.92	21.5	0.76	19.4	0.84	21.0	0.78
Developmentally Disabled Residents	1.3	0.8	1.59	0.7	1.74	0.6	1.98	6.5	0.19
Mentally Ill Residents	45.0	31.0	1.45	39.1	1.15	36.5	1.23	33.6	1.34
General Medical Service Residents	5.0	20.9	0.24	17.2	0.29	18.8	0.27	20.6	0.24
Impaired ADL (Mean)	45.3	45.3	1.00	46.1	0.98	46.9	0.96	49.4	0.92
Psychological Problems	56.3	56.0	1.01	58.7	0.96	58.4	0.96	57.4	0.98
Nursing Care Required (Mean)	7.0	7.2	0.97	6.7	1.05	7.2	0.98	7.3	0.96